



Site Monitoring Report of

Northeastern Counseling Center

Local Authority Contracts #152250 and #152251

Review Dates: May 16th, 2017

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Northeastern Counseling Center (also referred to in this report as NCC or the Center) on May 16th, 2017. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	9 - 10
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	13
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	16

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Northeastern Counseling Center (NCC). The Governance and Fiscal Oversight section of the review was conducted on May 16th, 2017 by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and/or the contracted County.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter.

The CPA firm Aycock, Miles & Associates, CPAs performed the Center's financial statement audit for the year ending June 30, 2016. The Independent Auditor's Report dated September 23, 2016 issued an unqualified opinion, there were no reported findings or deficiencies.

Follow-up from Fiscal Year 2016 Audit:

No findings were issued in FY16

Findings for Fiscal Year 2017 Audit:

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

None

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) San Juan Counseling Center was the only active subcontractor during the time period reviewed. NCC is performing annual monitoring and doing site visits at the location. However, the monitoring process was not documented. It is recommended that NCC create a report template that lists what items are being monitored and can be used each year. DSAMH has monitoring tools from other Centers that can be provided as examples. It is also recommended that the DSAMH monitoring report for San Juan is used as part of NCC's monitoring process.

FY17 Division Comments:

- 1) FY17 Division Directives require that each Local Authority conduct a walk-through testing of their adherence to access standards prior to their scheduled site visit. NCC has monitored access, customer service and ease of accessibility. The results showed that minimum access standards are being met. The testers found that the staff to be friendly and non-judgemental. The results have given them opportunities to improve, including reduced paperwork.

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Northeastern Counseling Center on May 16th and 17th of 2017. The monitoring team consisted of Eric Tadehara, Program Administrator; Tiesha Cohen, Program Manager; and Wendy Mair, Family Mentor with the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires. During the visit, the monitoring team reviewed FY16 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2016 Audit

FY16 Deficiencies:

- 1) *Juvenile Civil Commitment:* NCC was not using up to date Civil Commitment forms.

This deficiency has not been resolved and is continued in FY17; see Minor Non-compliance Issue #1.

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

- 1) *Juvenile Civil Commitment:* NCC is not using up to date Civil Commitment forms. Civil Commitment paperwork for juveniles needs to be completed consistent with State of Utah statute 62A-15-703, through use of the proper forms located on the DSAMH website at: <https://dsamh.utah.gov/provider-information/civil-commitment/>.

Center's Response and Corrective Action Plan:

Northeastern Counseling has continued its efforts to attach NDFF and Release from commitment forms to the youth's case in the Center's EMR. The Center has removed older versions of the youth "pink sheet" from the on call forms packet.

Inpatient providers are located in Provo, Salt Lake or Ogden and the Center is unable to have its staff complete the NDFF except in cases where the admission can be planned in advance. On

occasion these admissions occur without NCC being notified at the time of admission which makes the window for completion shorter. Northeastern Counseling Center is willing to compensate evaluators in these urban areas that can perform the NDDF within the required time frames. We request and would appreciate any assistance the Division could provide in locating Designated Examiners in these areas that could provide this service at various inpatient facilities that admit children and youth.

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) *Case Management:* NCC is encouraged to consider more opportunities to expand services for Case Management to meet the needs of the children/youth in the catchment area. Through chart reviews, family feedback, and discussion with community partners, there was no evidence that children and youth were not being provided case management services when a need was present.

FY17 Division Comments:

- 1) *Community Access:* NCC continues to display commitment for providing increased access to services for children and youth in their catchment area. NCC continues to increase the number of children and youth receiving services from 854 in FY15 to 933 in FY16.
- 2) *School-Based Services:* NCC provides school-based behavioral health (SBBH) services throughout their community. In FY16, they served 131 clients in school-based settings, an increase from FY15. Based on a community site visit with one of the schools served, NCC is a valued resource within the school and community. NCC desires to extend their school-based mental health services into more schools that are requesting and in need of the services they provide.
- 3) *Wraparound & Family Resource Facilitators:* NCC provides High Fidelity Wraparound as defined by the Utah Family Coalition (UFC). The Family Resource Facilitators (FRF) are integral parts of the team and the service delivery system. It is noted that NCC served more clients in FRF and wraparound services in FY16. NCC staff work closely with the FRF to provide more complete services to children, youth, and their families. It is recommended that NCC work closely with UFC and the FRF to find ways to continue to increase FRF services throughout the catchment area.
- 4) *Family Feedback:* The UFC gathered five family feedback questionnaires. A family feedback focus group was not held due to family issues for the families invited. All of the families who participated in the survey reported being an integral part of their child's treatment team and an important part of the treatment planning process. Families also reported: "they [NCC] listened to me and are actively helping" and that the therapists that work with families are knowledgeable, friendly, and caring. It is recommended that NCC work closely with UFC and the FRF to gather more family feedback in the future.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Northeastern Counseling Center on May 16th, 2017. The team included Pam Bennett, Adult Mental Health Program Administrator and Cami Roundy, Recovery and Resiliency Peer Program Manager. The review included the following areas: Discussions with clinical supervisors, management teams and staff, record reviews, interviews with individuals in treatment, and a site visit to the administrative office, Roosevelt day program, and the Duchesne County Jail. During the discussions, the team reviewed the FY16 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2016 Audit

No findings were issued in FY16

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

None

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) *OQ as a Clinical Intervention:* DSAMH recognizes the increased administration of the OQ at NCC. Division Directives require that data from the OQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. The use of the OQ as an intervention was only evident in two of fifteen charts reviewed. Appropriate use of the OQ as an intervention has been demonstrated to improve treatment outcomes.
- 2) *Peer Support Services:* NCC has hired a Certified Peer Support Specialist through the Utah Transition - Youth Empowered to Succeed (UT-YES) program, and has demonstrated an increase in Peer Support Services (PSS) between FY15 (0.4%) and FY16 (1.5%). However, four out of seven participants interviewed did not know what PSS is and one participant was aware that those services were only available for youth and families. DSAMH recommends ongoing efforts to continue to increase PSS.

- 3) *Case Management/Psychosocial Rehabilitation:* Review of the FY16 Scorecard indicates that the number of case management (CM) and psychosocial rehabilitation (PSR) services provided by NCC are significantly lower than the rural average (CM-6.3%, rural average-23.7%; PSR-5.5%, rural average-12.0%). DSAMH recognizes that these numbers are impacted by a high population of unfunded individuals and services to individuals who are incarcerated. In addition, evidence of CM was seen in documentation reviewed and all participants interviewed stated that they have a case manager. NCC is encouraged to continue to look for opportunities to provide support services to all individuals being served.

FY17 Division Comments:

- 1) *Recovery Plus:* DSAMH commends NCC for demonstrating a dramatic improvement in documentation of tobacco cessation services. Charts indicated that tobacco cessation was addressed and successes were charted and reinforced. Six of seven participants interviewed were non-smokers. The individual who is a smoker indicated that they are working with the quit line, and have been offered patches and gum.
- 2) *Access to Services:* Improving access to care is critical in order for individuals to receive the services that they require. NCC has piloted a procedure that includes the provision of forms through e-mail in order to facilitate the intake process. This methodology will shorten the intake appointment time and may improve preliminary engagement.
- 3) *Wellness:* Documentation demonstrates that health and wellness are reviewed with clients regularly. In addition, participants in the day program reported that they have nutrition classes, go swimming twice a week and have other exercise opportunities available. DSAMH commends NCC for focusing on whole health care.
- 4) *Diversion from Incarceration:* DSAMH appreciates efforts by NCC and Duchesne County Jail staff for working in partnership to create and execute an innovative diversion program that includes both monitoring and the provision of behavioral health treatment services for individuals rather than incarceration.
- 5) *Participant Feedback:* DSAMH Recovery Resiliency and Peer Support Program Manager Cami Roundy met with a focus group of seven individuals in day treatment in Roosevelt. All individuals indicated that they have created their own goals and that treatment is going well. Four of seven reported that they have received help with employment; one said that they had found their own job. All seven individuals said that they have assistance with housing and transportation. Quotes from the members of the focus group include; “I am thankful for clubhouse.” “This is my safe haven.” “We have good clubhouse directors who know what they’re doing. We have great cooks.” “I absolutely love it here, I belong.”

Substance Abuse Prevention

Amy Frandsen, Program Manager, conducted the annual prevention review of Northeastern Counseling Center on March 28th, 2017. The reviews focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2016 Audit

No findings were issued in FY16

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

- 1) Northeastern Counseling Center did not meet the required 90% compliance on Synar Checks. Tri-County reported a Synar compliance rate of 83%.

Center's Response and Corrective Action Plan:

Northeastern Counseling Center's Prevention Team is aware of the 83% SYNAR compliance rates and has been coordinating with Jeramie Tubbs, TriCounty Health Department, to improve the rates. TriCounty Health Department has been completing regular checks and has offered retail training to all tobacco retailers in Uintah, Daggett, and Duchesne Counties. The most recent SYNAR check had a compliance rate of 100%.

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) It is recommended that NCC invites other members of the coalition to look through the data so it is not one person doing all of the work.
- 2) It is recommended that NCC continue working with the Regional Director to develop a strategic plan.

FY17 Division Comments:

- 1) NCC worked with Duchesne County School District to get them back on board to participate in the 2017 SHARP survey.
- 2) Robin Hatch, Prevention Coordinator, has used a wide range of data sources to complete their latest assessment and continues to look at them as they prepare to complete another assessment this summer.
- 3) All Prevention staff have received the SAPST (Substance Abuse Prevention Specialist Training) and some will be attending the Summer Coalition Summit and the CADCA training.
- 4) NCC is increasing the number of Prime for Life classes they will offer in response to an increase in marijuana use in their area.
- 5) NCC is collaborating with many community partners, including the tribes, food pantry, Juvenile Justice Services, and the Health Department.
- 6) NCC and the police department conducted 584 EASY checks as compared to 46 checks last year and had a 97.6% compliance rate.

Substance Abuse Treatment

Christine Simonette, Program Manager, and Shanel Long, Program Administrator, conducted the review of Northeastern Counseling Center on May 16th, 2017, which focused on Substance Abuse Treatment, Drug Court, clinical practice and compliance with contract requirements, DORA, and JRI. Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to JRI and DORA requirements and contract requirements were evaluated through a review of policies and procedures by interviews with Northeastern Counseling staff. Treatment schedules, policies, and other documentation were reviewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews. Finally, additional data was reviewed for Opiate Use, Suicides, and Driving Under the Influence (*DUI*) rates for Duchesne, Uintah, and Daggett Counties.

Follow-up from Fiscal Year 2016 Audit

FY16 Minor Non-compliance issues:

- 1) The FY15 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that Increased Alcohol Abstinence rates for SBHC were 26.4% which fell below 75% of the National average, which is the DSAMH minimum standard.

This issue has been resolved. NCC has worked to improve this number to 64.9% which meets the Division standard.

- 2) The FY15 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that Decreased Criminal Justice Involvement rates for SBHC were 29.6% which is below 75% of the National average, the DSAMH minimum standard.

This issue has been resolved. NCC has worked to improve this number to 50.3% which meets the Division standard.

- 3) *Tobacco Cessation:* Division Directives state the Local Substance Abuse Authorities will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%. For SBHC in FY15, the rate of cessation fell from 6.3% to -1.3%.

This issue has been resolved. The rate of cessation increased to 6.2% for FY16.

Findings for Fiscal Year 2017 Audit:

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

1) The Utah Substance Abuse Treatment Outcomes Measures Scorecard showed:

- The percent of individuals that completed a treatment episode successfully decreased from 65.8% to 52.5%, from FY15 to FY16 respectively, which does not meet Division Directives.
- The percent of individuals that were employed prior to admission vs. prior to discharge decreased from 16.9% to 7.9%, from FY15 to FY16 respectively, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

Northeastern Counseling believes that two recently hired Recovery Support positions will promote individual engagement and treatment completion. These positions will also be providing outreach and limited monitoring to assist individuals involved in recovery services. These positions will increase the level of coordination and communication between community stake holders, aimed at improving treatment engagement and completion.

The Center will continue its efforts to help individuals involved in treatment to be employed. Local economics also play a role in this statistic with fewer energy related jobs available. The two positions mentioned above will be encouraging and working with individuals seeking employment including skills training, Vocational Rehabilitation services and WFS referral and support. The Center will focus on what it can influence in improving this outcome measure.

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) *The National Alliance for Buprenorphine Treatment (NAABT)*: DSAMH recommends additional training for staff on language that furthers public understanding of addictive disorders as a medical issue to reduce stigma and stereotyping. One excellent resource that could be distributed to staff can be found at: https://www.naabt.org/documents/NAABT_Language.pdf. Another excellent resource can be found online at: <https://www.whitehouse.gov/ondcp/changing-the-language-draft>. DSAMH is available to provide technical assistance upon request.
- 2) While discussing the method used to identify and count persons who are justice involved, it was found that NCC might not be identifying everyone who fits into this statistic. It is recommended that NCC review protocols and practices used to obtain information about an

individual's involvement in the justice system to determine if they are “compelled” into services or not.

- 3) *Clinical Charts:* In some charts, family group and individual therapy notes lacked specificity that allowed the reader to understand where the client was in reference to completing their goals and the therapist's plans to help move the goal towards completion. It is recommended that notes reflect the client's progress towards goal completion and the therapist's next steps or plan to support client efforts in completion of their goal. Charts lacked evidence of clinical evidence based practices (EBP) used in clinical sessions. Charts did not show linkage between clinical assessment and the goals and objectives created throughout the course of treatment and also lacked updates or changes in goals and objectives. Some charts were missing necessary forms such as ROIs, and Policy and Procedure. In clinical charts, it was also noted there was minimal mention of MAT services being offered to clients with an opiate or alcohol related diagnosis. Charts reviewed were: 64516, 22436, 72853, 74593, 1233, and 94417.

FY17 Division Comments:

- 1) NCC will be hiring a case manager with their JRI funding to continue assisting with improving their client’s success.
- 2) NCC has been able to add additional groups to assist in the risk levels and keeping high/low risk in appropriate groups.
- 3) NCC is hoping to subsidize MAT for their clients.
- 4) NCC has worked to ensure staff are attending appropriate trainings to better assist their clientele ie: trauma informed trainings.
- 5) NCC will be hiring a peer support specialist to better meet client needs.
- 6) Duchesne county jail has started an ankle monitor program with the jail acting as the probation agent. This program seems to be working well, and has helped lower recidivism.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well-being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well-being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well-being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

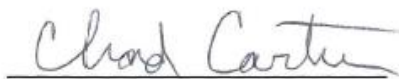
We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Northeastern Counseling Center and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter
Auditor IV



Date August 4, 2017

Approved by:

Kyle Larson
Administrative Services Director



Date August 4, 2017

Ruth Wilson
Assistant Director Children's Behavioral Health



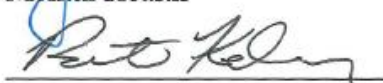
Date August 4, 2017

Jeremy Christensen
Assistant Director Mental Health



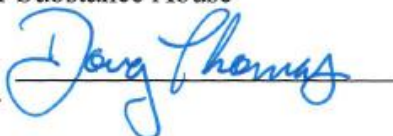
Date August 4, 2017

Brent Kelsey
Assistant Director Substance Abuse



Date August 4, 2017

Doug Thomas
Division Director



Date August 4, 2017